



City of Grand Rapids
Mobile Food Vending Business

Number of Vehicles: _____

Plate Number(s): _____

Applicant Name: _____
First Middle Last

Business Name: _____

Business Address: _____
(Street, City, State, Zip)

Mailing Address: _____
(If different from Business Address)

Phone #: _____ E-Mail Address: _____

Driver's License #: _____ D.O.B. _____ Last 4 Digits of S.S. #: _____

Vehicle Description: _____
Year Make Model

Vehicle Dimensions: _____
Height Width Length

Brief Description of Product: _____

****A copy of the menu along with all prices must be presented with the application.**

Criminal Conviction History – List ALL Misdemeanor and Felony Convictions. Failure to disclose any and all convictions or the submittal of inaccurate information is falsification of application and sufficient cause for immediate denial or revocation of a license.

<u>Date</u>	<u>Offense</u>	<u>Court</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheets if needed)

Traffic History – List ALL Violations and Accidents in the Past 12 Months. Failure to disclose any and all traffic incidents or the submittal of inaccurate information is falsification of application and sufficient cause for immediate denial or revocation of a license.

<u>Date</u>	<u>Offense</u>	<u>Court</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheets if needed)

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 91 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, rules and regulations. I understand that failure to comply may result in immediate suspension or revocation of my license.

Applicant's Signature

Date

City Clerk's Use Only	
Verified by: _____	Date: _____
Name: _____	
State License #: _____	
Expiration Date: _____	
City License #: _____	
City Clerk's Office <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
_____ City Clerk or designee	_____ Date



City of Grand Rapids
Affidavit and Indemnity Agreement
Mobile Food Vending Business

Applicants must complete and sign the below affidavit.

AFFIDAVIT

- I, _____,
am the owner of _____, a Mobile Food
Vending business (“the Business”)
- I am the legal owner of, or hold a controlling ownership interest in, the Business
- I am, or my co-owner(s) and I are, ultimately responsible for all hiring, firing, and
disciplinary decisions of all persons employed by the Business.
- If a partial owner of the Business, I have been authorized by my co-owner(s) to execute
this Affidavit and enter into this Indemnity Agreement with the City of Grand Rapids
on the Business’ behalf.

INDEMNITY AGREEMENT

In exchange for a license to operate as a Mobile Food Vending Business under Title VI,
Chapter 74 of the City Code of the City of Grand Rapids, I agree the Business

- will be held accountable for the actions of any and all persons within its employ, so long
as those actions are taken within the scope of said person’s employment
- will hold harmless and indemnify the City, any special service districts and their officers
and employees for any claims for damage to property or injury to persons which may
occur as a result of any activity carried on under the terms of the license.

I understand that I am certifying that these statements are true, and acknowledge that the
information contained herein may subject me to certain penalties which include, but are not
limited to, suspension or revocation of my Mobile Food Vending business license.

Owner’s Name: _____

Owner’s Signature: _____

Date: _____

City of Grand Rapids

Business License Application – Part II



**This form must be submitted with all license applications.
Applicants are required to read and initial all sections below.**

Business Name: _____

I fully understand and have completed Part I of the application, and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable.

Initials_____

I understand that all fees are non-refundable and cover the cost of processing the application.

Initials_____

I understand the license year applicable to all licenses shall begin on July 1st of each year and shall end on June 30th of the following year.

Initials _____

I understand that licensing fees are not pro-rated for a partial licensing year.

Initials_____

I understand that failure to disclose complete and accurate information is falsification of application. This is sufficient cause for immediate denial or revocation of a license.

Initials_____

I understand that other departments needing to make a recommendation on my application may require an inspection.

Initials_____

I understand the business property must have the proper zoning classification before a license can be issued.

Initials_____

I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location.

Initials_____

If a license is denied, I understand I must file an appeal in writing to the City Clerk's Office, 300 Monroe Avenue NW, Grand Rapids, MI 49503, within 10 days of notification of the denial.

Initials_____

I understand that if I do not renew my license in June, there will be late fees and/or penalties assessed up to and including a civil misdemeanor.

Initials_____

I understand that I will not be able to claim 100% Principal Residence Exemption if I am making my home or part of my home available for rental.

Initials _____

If an interpreter was used, please provide their name and number below.

Name of interpreter (printed)

phone number